

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-021067**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **282** Primary Registration District No. \_\_\_\_\_ Registrar's No. **75**

STATE FILE NUMBER

**FILED JUN 5 1963**

VS 300  
Rev. 4/59

**10840**

**27005**

**3**

**4 1**

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**7 0**

**8 2**

**9 4222**

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**11**

**12 1-0**

**13 1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <b>Humansville</b>		c. CITY OR TOWN <b>Independence</b>	
Length of stay in lb <b>2 months</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dimmitt Mem. Hospital</b>		d. STREET ADDRESS (if outside, give location) <b>539 Arlington</b>	
3. NAME OF DECEASED (Type or print) First <b>Julia</b> Middle <b>Anna</b> Last <b>Hunter</b>		4. DATE OF DEATH Month <b>5</b> Day <b>30</b> Year <b>1963</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/31/76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11a. FATHER'S NAME <b>George Koehler</b>		11b. MOTHER'S MAIDEN NAME <b>Julis Gleaser</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Miss Irene Hunter</b>		17. ADDRESS <b>Humansville, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Humansville, Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>29 May 1963</b> to <b>30 May 1963</b> and last saw her alive on <b>29 May 1963</b> Death occurred at <b>A.</b> on the day stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joe R. Utley, M.D.</b>		22b. ADDRESS <b>Humansville, Mo.</b>	
22c. DATE SIGNED <b>30 May 1963</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5/30/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	23d. LOCATION (City, town, or county) <b>Independence, Missouri</b>
24. FUNERAL DIRECTOR <b>Speaks Funeral Home Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 30, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Ralph Gordon per JH</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit issued May 30, 1963 J.H.